The chairman of the General Medical Council's health committee, Dr Anthony Allibone, said that the committee would continue to seek ways to improve the provision of health care for doctors. The secretary of the Nuffield Provincial Hospitals Trust, Dr Michael Ashley-Miller, said that the trust intended to look at the subject in greater depth through a working party.—CLAUDIA COURT *BMJ*

The Provision of Medical Services to Sick Doctors: a Conspiracy of Friendliness? is available from Nuffield Provincial Hospitals Trust, 59 New Cavendish Street, London W1M 7RD, price £10.50.

Euthanasia divides Australian doctors

The sharp divisions in the medical profession over euthanasia have been highlighted by a national conference organised by the Australian Medical Association (AMA). The meeting follows an escalating national debate about whether euthanasia should be legalised. Some speakers feared that there was a danger that euthanasia

could be used to save money in hospitals, while others produced a draft bill to legalise it.

There is now a common law right in Australia to refuse treatment, and it is legal to administer lethal drugs if the intention is to relieve suffering. Aiding and abetting suicide, however, is a crime. Dr Brendan Nelson, the AMA's president, opposes a change in the law but believes that patients should be allowed to die with dignity. "We support treatment that alleviates suffering but which may as a consequence cause death," he said.

Professor Malcolm Fisher, of the intensive care unit at Royal North Shore Hospital, Sydney, said that if euthanasia was legalised there would have to be safeguards to stop doctors terminating lives to save money. "They might think 'this patient's going to cost a lot, so if we can get this patient to refuse treatment or if we can give this patient an injection this patient is going to save us money,'" he said.

Professor Fisher opposes legislation that would allow active euthanasia (taking active steps to end a patient's life) and said that as medical costs rose there was a growing danger that euthanasia would be used for economic rather than humanitarian reasons. "We run a great danger in this country . . . that we may end up with euthanasia

practised because of economic drivers," he said.

The conference was presented with a draft law to make doctors and other medical staff immune from criminal, civil, or disciplinary liability for supplying a lethal drug provided that it had been requested by the patient and that certain conditions were met. The bill's author, Professor David Kelly, a consultant with the law firm Phillip Fox, said that the current law did more harm than that which could follow the legalisation of voluntary euthanasia. "Firstly, it condemns a significant number of dying patients to intolerable pain and distress," he said. "Secondly, it imposes on a number of caring medical practitioners the threat of prosecution and professional ruin for doing what they believe their professional duty requires."—CHRISTOPHER ZINN, Australian correspondent, *Guardian*

Correction

A third of new cases of AIDS are occurring in Asia

An editorial error occurred in this headline (13 August, p 428). It stated incorrectly that worldwide 17 million people have AIDS. The WHO estimates that at the end of 1993 three million people had AIDS and between 11 million and 12 million people were infected with HIV.

Focus: Sydney

The rise and rise of Brendan Nelson

Earlier this year a colleague returned to Sydney from what had promised to be a dull meeting of the Royal Australasian College of Physicians

in Hobart, the drizzle soaked capital of Tasmania. But he beamed from ear to ear. His glee was at the oration given by Brendan Nelson, the 36 year old national president of the Australian Medical Association.

Nelson, a Tasmanian GP who wears a diamond earring, had torn into the medical profession for its sleepy social reform agenda. He berated them for shirking all the big public health debates other than those that were self serving. He urged them to use their knowledge, positions, and privilege to support the things that really mattered in their communities. At the end of his speech nearly all stood and applauded.

Nelson took over the AMA's presidency in 1993, after serving an apprenticeship to the affluent, avuncular orthopaedic surgeon Bruce Shepherd. During the 1993 federal election Shepherd campaigned on behalf of the (now deposed) Liberal leader, John Hewson, prompting Prime Minister Paul Keating to describe him as the "most ugly, most rapacious union leader" in Australia.

Nelson, in contrast, is from what the Labor party calls a "true believer"

background. Grandson of a communist and son of a Labor loyalist he had been a Labor party member, but he resigned when he took up AMA politics so as to be seen as non-partisan in his dealings.

Nelson has transformed the public face of AMA politics. Once seen as the guardian of medical privilege the AMA is now most often heard through Nelson's plain speaking about oppressed groups, reform, and bungling bureaucracy. The Australian media find him irresistible. While many in the Australian health system are mesmerised by the emperor's new clothes of the 1990s (health outcomes, customer focus, etc) Nelson speaks no nonsense talk about real health problems. In the past 12 months he has breathed life into debates about drug policy, euthanasia, homosexual law reform, environmentalism, immunisation, declining funding for medical research, and hotels supplying women with free drinks to attract hard drinking men. His most sustained efforts have been directed at Australia's appalling Aboriginal health record, the health consequences of unemployment, and hounding the tobacco industry.

In August it was widely reported that Nelson would be forsaking medical politics for the popular variety. He confirmed that he had been approached by both main parties, and the main intrigue now focuses on which way he will jump. He remains tight

lipped. The Liberal party in Australia has been out of power since 1983, and, despite rhetoric about a new direction, remains bereft of leadership. Nelson would give the party a charisma transplant but at great risk of arousing Australian's suspicion of turncoats and political opportunists.

The Labor party keeps no seats warm for old comrades who "rat" on the party by leaving it. For some too Nelson remains tainted by his past association with Shepherd's overt support for the Liberals and by the abiding suspicion that the profile he gives to public health issues is a Trojan horse for the AMA's real business: the preservation of doctors' incomes.

But many suspect that Nelson's first duty is to social medicine—to the unemployed, Aboriginal health, the further humiliation of the tobacco industry—all subjects where the Liberal party has a weak record. These are issues where he is at his most animated. Those who know him find the public stand consonant with the private man. He has often said pragmatically that political change requires working from within a major political party. Labor therefore seems most likely. If Nelson jumps into the desperate-for-talent Liberal boat he may just sink with it.—SIMON CHAPMAN, senior lecturer in community medicine, Sydney